

Ounce of Prevention Fund Comments
Illinois' Behavioral Health Transformation- Section 1115 Demonstration Waiver
November 14, 2016

To whom it may concern:

The Ounce of Prevention Fund is committed to giving children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age five. This work includes attention to the comprehensive development of young children – including health and nutrition, mental health and family engagement. The Ounce thanks you for the opportunity to provide comments regarding the 1115 Demonstration Waiver Application, under Illinois' Health and Human Services (HHS) Transformation work being led by Governor Rauner's Administration.

The Ounce recognizes and commends the work completed to date to plan for and implement the priorities of the HHS Transformation. In the work leading up to implementation, the Transformation leadership has recognized six pain points. Relief and ultimately elimination of such pain points requires careful, collaborative planning with opportunities for public input and engagement in all phases of roll-out, from the development of the application to the implementation of proposed benefits and services to the sustainability of such efforts. In order to help ensure success of the HHS Transformation model, we'd like to offer the following comments:

The Ounce applauds the 1115 waiver application's focus on behavioral health. It is an issue that affects children and adults of all ages and their families, but unfortunately it is a service area in which there has not been enough investment. In addition, we appreciate the focus on prevention and early identification, particularly the inclusion of two early childhood initiatives, Infant/ Early Childhood Mental Health Consultation (I/ECMHC) and evidence-based home visiting (EBHV) in the waiver application. The distinctive, yet complementary characteristics of each approach as outlined in the application reflect the innovation that would result if approved and the benefits that it brings to our youngest children and their families and communities.

I/ECMHC is an approach that is not only an intervention, but a multi-level promotional, preventive, and early intervention approach. While Illinois has a relatively long history of investing in I/ECMHC through a number of individual child and family serving systems and public funding streams, Illinois has yet to take I/ECMHC to scale. Yet because it is already established in some systems, there is an opportunity to build on this base and scale it up quickly. It should be understood that Medicaid funding will not supplant existing funding streams (state, federal, and private), but will enhance it to allow for greater depth and reach particularly in underserved communities where there is demonstrated high need. In order for the initiative to be successful, it is essential that cross-agency collaboration and discussion of sustainability occur. Identification of pilot sites should also take into consideration current initiatives of I/ECMHC piloting.

Additionally, we also commend the inclusion of evidence-based home visiting, another critical service for young children and their families that focuses on prevention of adverse health outcomes and promotion of safe, stable, and secure attachment relationships that improve the health and educational trajectories of these families throughout the life course. We believe targeting such promising services toward families of children born with opioid withdrawal symptoms will only result in greater stability and quality of life for both children and parents/primary caregivers.

The Ounce appreciates the Transformation's focus on prevention and the inclusion of early childhood initiatives in the waiver application. We also applaud the benefits populations under both Intensive in-home services and respite care now being inclusive of children as young as three years of age. It is critical to recognize that high behavioral health needs also exist in early childhood. However, we still feel that overwhelmingly many of the demonstration benefits and eligible populations in the waiver application are solely focused on adults and on the "individual". The application states that it aims to serve with a "whole person" approach. A true holistic approach does not service a person in isolation. Instead, it is inclusive of and acknowledges that an individual forms part of a family, one which may also include children. Therefore, we encourage that initiatives be more inclusive of children and that the approach be holistic and include families of individuals. Prevention, intervention, and stabilization can only be achieved if assessments, treatment plans, and services are inclusive of the family unit. Two critical support service areas where language can be strengthened include supportive housing and supported employment services.

We are appreciative of the inclusion of supportive housing in the waiver. Housing is key and foundational for an individual and family to achieve stability. We also appreciate housing search services including that accommodations for language needs will be made for limited or non-English speaking individuals through translation and/or interpretation. Such offering is important in meeting community needs and so we encourage that such linguistic accommodations be made available in the provision of all direct services outlined in the application. Additionally, we feel that this section should include more references to children and families, not just the individuals. Children with mental health needs, and their families, should also have access to supportive housing. In addition, benefits for individuals with mental health needs should include comprehensive assessments of their family's needs. It is essential for that persons' well-being. Specifically, we encourage that assistance with rent subsidy and housing application processes include requesting reasonable accommodations or modifications for individuals with children and families and that quality/safety standards of housing are inclusive of a child's needs, not only the adult individual. The Ounce appreciates that supported employment services are also a benefit under this waiver. However, again encourage that this section be strengthened to address the needs of the family and that an authentic "whole person", holistic approach be used. For example, the application states that employment services will be accompanied by services that include an exploration of resources that increase job placement likelihood. We continue to encourage that such resources include referral and linkage to high quality early care and education programs, a support essential for adults with children to achieve employment stability. We applaud that SUD Case Management includes assistance with high quality early care. We only ask that this be renamed "high quality early care and education" to be inclusive of the educational and developmental supports that early learning programs offer children and families.

The Ounce is also pleased that the waiver is focusing on strengthening the workforce and ensuring that they are adequately trained. We commend that the workforce-strengthening initiatives also focus on recruiting, training, and retaining a workforce that is culturally competent and that is racially/ethnically and linguistically diverse. A workforce that reflects the communities and populations being served and is responsive and sensitive to their culture is important in adequately meeting needs of Illinoisans. We also appreciate that cultural sensitivity and competency is part of the workforce integration preparation activities under the area of behavioral and physical health integration. We encourage that the waiver application explicitly state that *all* services, interventions, assessments, and trainings offered under the waiver will be culturally and linguistically competent.

We are aware that there are simultaneous plans and processes taking place at state and local levels aiming to also improve the health and well-being of residents. For this reason, we urge that these other initiatives be

consulted and that there be coordination, alignment, and integration with them in order to avoid duplication, make best use of already scarce resources, and leverage work already underway. We also encourage the Administration to work closely with health and human service providers, clients, and stakeholders, as well as the advocacy community, who bring a wealth of expertise and are already engaged in creative and promising approaches to health and human service delivery. The input process is critical to the success of Illinois' HHS Transformation and so we encourage that proposed reorganization or modifications to the system be completed through a process that includes transparency and information that is publicly available and relatively easy to locate. Such transparency should be part of reforms, which include the State Plan Amendments, administrative rule changes, and other changes to the behavioral health system. Furthermore, as the state begins work on the 1115 waiver, we urge that state-funded behavioral health grants continue and not be supplanted by any efforts proposed through the waivers. Children and families of Illinois are in need of services, which are already scarce and not readily available. Doing away with such resources would be detrimental during a time when safety net programs are already limited and their sustainability is insecure. Additionally, we ask that providers who are currently grant-funded but will change to a Medicaid reimbursement-based funding model be provided ample time to transition adequately and receive state support during this time. Any transformation model, including the 1115 waiver, should maintain or work to expand eligibility for services. They should also be able to display cost-savings associated with the program and not place financial burdens on Illinoisans through increased cost-sharing. We also feel that the waiver should discuss plans for sustainability of all initiatives and highlight cross-agency collaboration, as well as thoughts of scaling services to all children in Illinois, not just those covered under Medicaid. In addition, we hope the State is cognizant that in order to successfully implement the vision of the HHS Transformation, additional investments will need to be made in the behavioral health system in order to address scarcity of services and reduced workforce. These may include devoting funds to increase rates, improve staff capacity and infrastructure, and target specific areas of the state which require additional investments to reduce disparities and increase access to much needed services.

The health and well-being of children and families is at the core of the Ounce of Prevention Fund's continued drive. As the State implements the HHS Transformation we urge you consider the comments stated above, as they were written with the intention to best address needs of Illinoisans and improve our current system. Thank you for your consideration. If we can provide any additional information or assist in the ongoing efforts of the HHS Transformation, please do not hesitate to contact Gail Nourse, Vice President, Illinois Policy, Ounce of Prevention Fund, 33 W. Monroe Street, Suite 2400, Chicago, Illinois 60603, gnourse@ounceofprevention.org.

Sincerely,



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President
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